

COMPREHENSIVE PLANNING COMMITTEE (CPC) MEETING MINUTES

WEDNESDAY, FEBRUARY 27, 2019 @ 11:00AM

DC HEALTH-HAHSTA – 899 N. CAPITOL ST. NE; 4TH FLOOR; WASHINGTON, DC 20002

ATTENDEES/ROLL CALL					
Commissioners	Present	Absent	Administrative Agents	Present	Absent
Holley, Nathaniel	CC				
Clay, Cyndee	<i>Sabbatical</i>		Barmer, David		X
Copley, Mackenzie, <i>Vice Chair</i>	X		Simmons, Michelle		X
DeMartino, Peter	X		Puranik, Rashmi	CC	
McBride, Dennis		X	Agar, Tim	CC	
Morse, Ka'leef	X		Avellanet, Felix		X
Padmore, Gerald, <i>Chair</i>	X		Hayes-Cozier, Ravinia	CC	
Shaw-Richardson, Re'ginald		X	Moore, Tarsha	CC	
Zoerkler, Jennifer		X			
HAHSTA			Planning Commission Staff		
Mohram, Rony		X	Bailey, Patrice	X	
Ward, Carroll	X		Clark, Lamont	X	
HAHSTA/Administrative Agents			Guests		
Barnes, Clover	X				
Edmonds, Jason	X				
Fortune, Ebony	CC				

AGENDA	
Item	Discussion
Call to Order	Gerald P. called the meeting to order at 11:12 am, followed by a moment of silence and introductions.
Review and Approval of the Agenda	Peter D. motioned to approve the Comprehensive Planning Committee Agenda for February 27, 2019. Mackenzie C. seconded. The motion was approved
Review and Approval of the Minutes	Ka'leef M. motioned to approve the Comprehensive Planning Committee Minutes for January 23, 2018. Peter seconded. The motion was approved.
Ryan White HIV/AIDS Program (RWHAP) Jurisdictional Reports & Financial Oversight	<u>Northern Virginia</u> report presented by Rashmi Puranik.
	Overall spending through December is at 60% for Part A and 83% for MAI of the full 12-month award.
	Part A spending is at or near target for Early Intervention Services, Health Insurance Co-pays, Legal Services, and Outreach. Spending is higher than expected in Linguistic services. Spending is slightly lower than expected in Medical Case Management due to staff vacancies earlier in the grant year. Spending is a lot lower in EFA and Medical Transportation. EFA spending has increased since October and is anticipated to continue but not enough to fully spend down by the end of the grant year. Savings from Medical Case Management and EFA are being reprogrammed to services experiencing greater demand.
	MAI spending is at or near target for Medical Case Management, Substance Abuse, and Linguistic Services. MAI spending is higher than expected in Ambulatory Outpatient Medical Care. Savings from other service areas will be reprogrammed to the services of greater need. MAI funds are expected to be fully spent at grant year-end.
	Corrective action plan issues for the MAI provider have been resolved.
	The services spending at 30% below expected for Part A is EFA and there are none for MAI.
	Mackenzie C. asked if it is known how much money will be left and available at the end of the grant year, in EFA and MCM that can potentially be moved now. Rashmi P. indicated that as a result of their review of expenditures, up to December, they reprogrammed funds that will appear in the next month's report. Some funds may be used for stockpiling as previously done at the end of the grant year period. Tim A. indicated that EFA and MCM are service areas that will be funded under Ryan White Part B rather than under Part A in the

next grant year. Peter concurred and indicated that the transition of funding from Part A to Part B will not allow stockpiling in EFA and MCM. Clover Barnes asked Rashmi to report anticipated underspending as soon as possible, so the amount can be included in the carryover request.

Washington DC and West Virginia report presented by Carroll Ward.

For the month of December, (9) of (12) invoices have been received and processed. Many vendors have experienced issues with processing invoices on the new e-invoicing platform, which has caused delays in invoice submission.

Service areas affected by unprocessed invoices are Early Intervention Services, Medical Case Management, and Home and Community Based Care.

District of Columbia Part A expenditures are at 37.4% and should be at 83.3%. Services spending at 30% below expected are Early Intervention Services, Home and Community-Based Health Services, Other Professional Services, Medical transportation, HIPCSALI, Substance Abuse Outpatient, Outreach Services, and Psychosocial Support Services.

Clover B. led a discussion about the reprogramming that took place in November and explained that all of the allocations have been added. However, the expenditures are not reported which is why the services appears so underspent. Expenditures will be recorded on next month's report.

District of Columbia Part A MAI expenditures are at 82.3% and should be at 83.3%.

The service spending at 30% below expected is Substance Abuse Services Outpatient.

West Virginia Part A expenditures are at 83.0% and should be at 83.3%.

Suburban Maryland report presented by Ravinia Hayes-Cozier

The December 2018 financial report submission includes expenses from nine of nine sub recipients. Overall expense at the end of December is 75.2% and should be at 83.3%

Part A expenditures are at 74.9% and should be at 83.3%.

Linguistic Services is the only service area spending at 30% below expected.

	The Part A MAI expenditures are at 76.4% and should be at 83.3%. There are no services spending 30% below expected.
Recipient Report	<p><u>Recipient report presented by Clover Barnes.</u></p> <p>The Recipient has received the full award.</p> <p>Overall expenditures for Unit Based Cost (UBC) are at 64.8% through December 2018 and is expected to be at 83.3%. The overall expenditures have decreased due to the reprogramming allocations being added. The expenditures happened in January and will be reflected in next month's report.</p> <p>All of the 12 providers who applied to enter the network in the fall of 2018 have been awarded new contracts.</p> <p>HRSA Site Visit. The DC EMA is currently scheduled for a comprehensive site visit May 21-24, 2019.</p> <p>The shipment of Narcan has been received and the kits are starting to be distributed in four-week increments. Four providers have submitted the proper documentation and will receive kits. Providers/staff must attend and show proof of Narcan training (at DC Health or in the community) to receive the kits. A list of free scheduled trainings provided by DC Health can be found at https://dchealth.dc.gov/page/cme-ceu-webinars-and-trainings . Click the date of the training to register. The next training dates are March 26, 2019, May 21, 2019, July 26, 2019</p> <p>Virginia MAI Services. DC Health will issue a RFA for Youth Reach (MAI Services) in Virginia only. The RFA is expected to be released March 22, 2019 with the pre-application conference on March 28, 2019.</p>
Other Business	Executive Session
Follow –up Items	None
ANNOUNCEMENTS/OTHER DISCUSSION	
None	
HANDOUTS	
<ul style="list-style-type: none"> Comprehensive Planning Committee (CPC) Meeting Agenda dated February 27, 2019 Comprehensive Planning Committee (CPC) Meeting Minutes, January 23, 2019 Suburban Maryland Fiscal Narrative Report (Part A and Part A MAI Funding) Year 28 Reporting Period: December 1 through December 30, 2018 	

- NVRC Fiscal Narrative Report (Part A and Part A MAI Funding) Year 28 Reporting Period: December 1 through December 30, 2018
- Washington DC and West Virginia Monthly Fiscal Narrative Report (Part A and Part A MAI Funding) Year 28 Reporting Period: December 1 through December 30, 2018
- Recipient Report EMA Wide Roll Up CARE Act Part A Grant Year 28, through December 2018

MEETING ADJOURNED	11:52pm
NEXT MEETING	Wednesday, March 27 2019 11:00 pm – 1:00 pm DC Health-HAHSTA 899 N. Capitol St., NE, 4 th Floor Washington, DC 20002